## 24-Hour Notice of Disbursements for Candidate-Specific Communications 1. Reporting Entity Information

1. Reporting Entity Information		
	, , , , , , , , , , , , , , , , , , ,	d. Federal ID Number
	☐ Individual	
	Other Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number	Nonprofit Organization	on en
	e. Employer's Name or Principal Place of Business	
	f. Occupation	
2. Period Covered Start End		
3. Custodian of Books		
a. Full Name of Entity's Custodian of Books and Accounts		
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business	
 	d. Occupation	
4. Total Contributions ALL Pages		\$
5. Total Expenditures ALL Pages		\$
CERTIFICATION		
I certify that this entity is in full compliance with Article 22G and Article 22H. I further certify that this statement is complete, true and correct.		
Printed Name of Signer	Signature	Date

Amendment

☐ No

☐ Yes